

Portland VA Medical Center
Potential Candidate Residency Program Application

Applicant Name: _____ **Email:** _____
First Middle Last

Present Address: _____
Street Address or P.O. Box City State Zip Phone

Permanent Address: _____
Street Address or P.O. Box City State Zip Phone

Please complete the following items along with this application:

- ☐ Discussion of your professional goals and objectives (Letter of Intent/Personal Statement) and completion of this form ("Potential Candidate Residency Program Application)
- ☐ A current Curriculum Vitae
- ☐ Copies of official transcripts from your college of pharmacy
- ☐ Three (3) letters of recommendation from Professional Practitioners (one must be faculty)
- ☐ Completion of VA Application for Associated Health Forms (10-2850c and QF-306)
- ☐ Attached a recent 3x5 photo

Licensure/Citizenship

Are you licensed to practice pharmacy in the United States? ☐ Yes ☐ No

Is so, in what state? _____ Year Licensed: _____ License # _____

If not, what is the expected date that you will be eligible for pharmacist licensure? _____

Are you a United States citizen? ☐ Yes ☐ No

Please answer the following questions:

Describe how your qualities and skills will contribute toward your success as a pharmacy resident.

Describe some aspects of direct patient care where you feel you have vested, personal interest in the patient's outcome.

Why have you chosen to apply to this residency program?

Please try to rank yourself in these areas (scale of 1-5; 1 = weak; 3 = average; 5 = strong)

- | | |
|---|-------|
| (i) Pharmacotherapy knowledge base | _____ |
| (ii) Drug literature evaluation | _____ |
| (iii) Public speaking | _____ |
| (iv) Time management | _____ |
| (v) Verbal communication | _____ |
| (vi) Written communication | _____ |
| (vii) Institutional Practice (Staffing) | _____ |

List at least three (3) goals that you wish to accomplish during your residency.

Distribution/Dispensing:

- | | | |
|---|---|---|
| 1. Have you worked in an outpatient / retail pharmacy?
- If yes, provide a short description: | Y | N |
| 2. Have you worked in an inpatient or institutional pharmacy?
-if yes, provide a short description: | Y | N |
| 3. Have you prepared intravenous admixtures and/or have experience
with sterile technique? intravenous admixtures? | Y | N |
| 4. Have you prepared Total Parenteral Nutrition formulations? | Y | N |

Computer Skills

Do you have experience in the following programs?

Microsoft Word	None-Very little	Average	A lot
Microsoft Excel	None-Very little	Average	A lot
Microsoft Power Point	None-Very little	Average	A lot
Microsoft Outlook	None-Very little	Average	A lot
Microsoft Access	None-Very little	Average	A lot
Do you have any experience at a VA with CPRS or Vista?	None-Very little	Average	A lot

Responding to “Codes” or Cardiac Arrests

Are you BLS certified?	Y	N
Are you ACLS certified?	Y	N
Have you ever responded to or been present at a code?	Y	N

Pharmacokinetics

Have you provided pharmacokinetic based dosing recommendations?	Y	N
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If yes, provide some details:

Patient Care / Drug Therapy Problem Identification

Rate your experiences in any of these activities:

Interviewing and obtaining medication histories	None to Very little	Average	A lot
Providing medication counseling to patients	None to Very little	Average	A lot
Preparing written, formal drug information responses	None to Very little	Average	A lot
Preparing and presenting a clinical case presentation?	None to Very little	Average	A lot
Journal Club type reviews/discussions?	None to Very little	Average	A lot

Discussion of your professional goals and objectives (Letter of Intent)